

Application Cover Page

ACASA, Inc. Reintegration Residential Congregate or Scattered Site

Dear Provider:

Please mail, email, or fax all requests for alcohol and other drug residential services to:

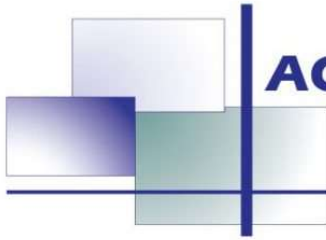
ACASA Trapping Brook House
3084 Trapping Brook Rd.
Wellsville, NY 14895
Phone: (585) 593-1920 Ext 721
Fax: (585) 593-7697
Email: sbrown@alleganycouncil.org or jhorton@alleganycouncil.org

To obtain a referral interview, please submit a completed Admissions Application along with a current admissions assessment or biopsychosocial history. Please include the following required paperwork with the application:

- Signed Admission Application
- Current Admissions Assessment/BPS
- Signed Releases/Consents
- Copy of Medicaid/Insurance Cards
- Most recent physical, lab work (including CBC with differential), urine screens & PPD

Thank you,

Justin Horton, BS, CASAC Advanced
Director of Residential Operations



ACASA Allegany Council on Alcoholism & Substance Abuse, Inc.

Resources for Growth and Prevention

**ACASA Reintegration Congregate (TBH)/Scattered Site (SL)
Referral/Admission Application**

Applicant Information

Application/Referral for Congregate (TBH) or Scattered Site

Client Name: _____ Phone: _____

Street Address: _____

City: _____ County: _____ State: _____ Zip: _____

Is the applicant homeless? Yes No Legal Mandate: Yes No

D.O.B: _____ S.S.N: _____ Medicaid Number: _____

Insurance Company: _____ Policy #: _____

Substance History

Does the applicant have a substance use disorder diagnosis: Yes No

If yes, list DSM-V diagnosis: _____

<i>Type of Substance</i>	<i>Onset</i>	<i>Frequency</i>	<i>Route of Ingestion</i>	<i>Last Use</i>

Treatment History (ex: Detox, Outpatient, Inpatient, Community Residence etc.):

<i>Facility Name</i>	<i>Type</i>	<i>Dates</i>	<i>Length of Stay</i>	<i>Completion</i>

Mental Health

Does the applicant have a diagnosis of mental illness? Yes No

If yes, please explain _____

Has the applicant ever received Mental Health Treatment? Yes No

If yes, please complete:

<i>Treatment Provider</i>	<i>Dates</i>	<i>Reason</i>	<i>Medications</i>	<i>Outcome</i>

List any inpatient psychiatric admissions or evaluations and outpatient treatment history:

<i>Treatment Provider</i>	<i>Dates</i>	<i>Length of Stay</i>	<i>Reason</i>	<i>Outcome</i>

Does the applicant have a history of suicide attempts? Yes No

If yes, please explain: _____

Medical

Does the applicant have a Primary Physician? Yes No

If yes, please list name and address: _____

Date of last physical exam/lab/blood work: _____ Date of TB test: _____

List any physical disabilities or limitations: _____

Is the applicant currently being treated for any communicable diseases: Yes No

If yes, please explain: _____

Is the applicant currently on Medication Assisted Treatment (MAT)? Yes No

Medications

<i>Current Medication</i>	<i>Dosage</i>	<i>Prescribing Doctor</i>

Legal

Current Probation: Yes No Probation Officer & Number: _____

Current Parole: Yes No Parole Officer & Number: _____

Current Drug Court Yes No Jurisdiction: _____

Pending Court Yes No Jurisdiction: _____

Domestic Violence Yes No Order of Protection Yes No

Outstanding Warrants: Yes No Unknown If yes, please explain:

History of Assaults: Yes No If yes, please explain:

Has the applicant accidentally or intentionally set fires? Yes No

Has the applicant been arrested or convicted of arson: Yes No

If yes to either question, please explain: _____

Does the applicant have any history of rape, sexual abuse, or violent crimes against a person?

Yes No If yes, please explain: _____

Financial

Does the applicant current receive Social Service Benefits from Allegany County? Yes No

Does the applicant currently receive benefits from another county? Yes No

If yes, which county: _____

Case workers name: _____

Does the applicant currently receive SSI/SSD benefits? Yes No

If yes, list payee: _____

Current monthly income received: _____

Has the applicant ever been sanctioned/refused Social Services or Social Security benefits:

Yes No If yes, please explain: _____

Out of County Approval: Completed Started Not Started

Education

Please mark the highest grade completed:

1 2 3 4 5 6 7 8 9 10 11 12 GED College

Please list any diplomas, degrees, certifications, and licenses: _____

Signatures

Applicant's Signature: _____

Date: __/__/__

Printed Name: _____

Referring Staff Signature: _____

Date: __/__/__

Printed Name: _____

Facility: _____